



PHILIP L. BROWNING  
Director

SHERYL L. SPILLER  
Chief Deputy

County of Los Angeles  
**DEPARTMENT OF PUBLIC SOCIAL SERVICES**

*Toy Loan & Volunteer Services 2615 S. Grand Ave. 2<sup>nd</sup> Floor Los Angeles, CA 90007-2608*  
Tel (213) 744-4344 • Fax (213) 743-9998



Board of Supervisors

GLORIA MOLINA

First District

MARK RIDLEY-THOMAS

Second District

ZEV YAROSLAVSKY

Third District

DON KNABE

Fourth District

MICHAEL D. ANTONOVICH

Fifth District

**DPSS VOLUNTEER PROGRAM**

***Greetings!*** We are pleased when a dedicated citizen such as you inquires about our volunteer program. We have a variety of volunteer opportunities to offer interested citizens of all ages, including staff and particular organizations that wish to serve the community. Our program is designed to recruit and assign volunteers to projects that enhance, strengthen and expand services to participants in departmental programs.

Enclosed you will find a list of the different volunteer opportunities we offer along with the application packet necessary to register as a *DPSS Volunteer*. After you have had an opportunity to complete the forms, please send them to our office in the enclosed envelope. It is highly recommended that you make copies for your records. Your original signed application and forms should be returned to the Volunteer Program at the address listed below.

Thank you for your interest in our program. We welcome your questions or comments anytime at (213) 744-4348 or e-mail [dpssvolunteers@dpss.lacounty.gov](mailto:dpssvolunteers@dpss.lacounty.gov).

Very truly yours,

Marcia Blachman-Benitez

Director, Toy Loan & Volunteer Services Program

(VP 08-2007)

Enclosure

**Reply to:**

Los Angeles County-DPSS

Toy Loan & Volunteer Services Program

2615 South Grand Avenue, Second Floor

Los Angeles, CA 90007-2618

Tel. 213.744.4344

Fax. 213.743.9998



## Volunteer and Special Programs

*Thank you for your interest in volunteering!  
DPSS has many opportunities for your participation.*

### **VOLUNTEER / INVOLVEMENT OPPORTUNITIES**

**Case/Office Assistant:** Help with a variety of tasks in DPSS. Volunteer assignments vary based on the skills, background, interests, and time commitment of the volunteer and the need of the office.

**Toy Loan Librarian:** Operate community Toy Loan Centers, lending toys and books to needy children. Can also provide tutoring and lead in recreational activities at the centers. Also collect donations of gently used toys and other items for the libraries as well as participate in community outreach activities to promote the program.

**Resource Volunteer:** Professionals in the community such as teachers and counselors utilize the Toy Loan resources such as arts and craft supplies in conjunction with their activities with children.

**Toy Loan Outreach Volunteer:** Assist DPSS in its participation in various community activities in an effort to heighten public awareness on the Toy Loan Program.

**Adopt-A-Family:** Groups and individuals provide families in need with holiday baskets and other gifts of clothing, toys and food items through matches arranged by DPSS.

**Special Projects:** Provide help through a group or individual project based on individual skills or interests such as a club providing services to DPSS participants. Volunteers may also participate in a variety of outreach events promoting enrollment in DPSS programs.

### **LOCATIONS**

Volunteer sites are available throughout Los Angeles County

**For more information, contact:**  
**Los Angeles County Department of Public Social Services**  
**Volunteer and Special Programs**  
**2615 South Grand Ave., 2<sup>nd</sup> Floor**  
**Los Angeles, California 90007-2608**  
**Tel: (213) 744-4348 Fax: (213) 743-9998**  
**e-mail: [dpssvolunteers@dpss.lacounty.gov](mailto:dpssvolunteers@dpss.lacounty.gov)**

Please **PRINT**

If volunteering for **school credit** please complete this box:

School Name: \_\_\_\_\_

Hours required: \_\_\_\_\_

DPSS office: \_\_\_\_\_

Must begin / complete by: \_\_\_\_\_

Name: \_\_\_\_\_  
Last, First MI

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Birth Place: \_\_\_\_\_

\_\_\_\_\_

Other Name (AKA): \_\_\_\_\_

City

Zip

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_

Secondary Contact: (\_\_\_\_) \_\_\_\_\_

e-mail address: \_\_\_\_\_ Other means of contact: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Years in school/work: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Gender: Male (\_\_\_\_) Female (\_\_\_\_) Marital status: \_\_\_\_\_

Number of children: \_\_\_\_\_ Gender of children: (\_\_\_\_) Boy (\_\_\_\_) Girl Age(s): \_\_\_\_\_

Program/activity that interest you: *check all that applies*

- ☐ Clerical support
- ☐ Customer Service
- ☐ Welfare-to-Work
- ☐ Senior Services
- ☐ Toy Loan Librarian
- ☐ Adopt-A-Family
- ☐ One-day outreach event
- ☐ Other: \_\_\_\_\_

Time that you are available:

Mon Tue Wed Thu Fri  
AM \_\_\_\_\_ PM

Sat Sun  
AM \_\_\_\_\_ PM

Specify: \_\_\_\_\_

**Any questions/concerns?**

Contact the DPSS  
Volunteer Coordinator

\_\_\_\_\_ at  
**(213) 744-4348**

Special interest/skill(s): \_\_\_\_\_

Social/religious/community/volunteer/group(s) in which you have been active: \_\_\_\_\_

Other language(s) spoken: \_\_\_\_\_

Driver's Lic. / ID number: \_\_\_\_\_ Class: \_\_\_\_ State: \_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Automobile make: \_\_\_\_\_ Auto Insurance Company: \_\_\_\_\_

Application may be faxed to: **(213) 743-9998**

Mail Original for official record to:

**DPSS Volunteer & Special Program**

2615 S. Grand Ave, 2<sup>nd</sup> Floor,  
Los Angeles, Ca 90007-2608

## DPSS VOLUNTEER APPLICATION (PART 2)

Please list 3 references (do not include relatives)

Person that referred you:

1. Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have a misdemeanor or felony charge pending?      Yes (     )      No (     )

If **Yes** is selected, please explain: \_\_\_\_\_

Have you ever been convicted, fined (excluding minor offenses), placed on probation, or given a suspended sentence in any court?      Yes (     )      No (     )

If **Yes** is selected, please explain: \_\_\_\_\_

To the best of my knowledge and belief, I am now in good health and free from any condition or disability (physical, mental, and/or emotional) that would impair my ability to participate as a volunteer.      Yes (     )      No (     )

If **No** is selected, please explain: \_\_\_\_\_

### Person to contact in case of emergency:

Name: \_\_\_\_\_ Relation to volunteer: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Address: \_\_\_\_\_

*I hereby certify that all statements made on this application are true to the best of my knowledge and belief and authorize Los Angeles County Department of Public Social Services to contact my references and initiate a criminal record check prior to my final acceptance as a volunteer.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / 20

*I cannot give time, but I would like to donate:*

\_\_\_\_\_  
\_\_\_\_\_

RETENTION: 3 yrs after volunteer is inactive

DISTRIBUTION: Original: Personnel Section Personnel Folder  
First copy: Volunteer's Office Personnel Folder



## DPSS Volunteer & Special Programs

2615 South Grand Avenue, 2<sup>nd</sup> Floor  
Los Angeles, California 90007-2608  
Tel. (213) 744-4344 / Fax: (213) 743-9998

## VOLUNTEER AND SPECIAL PROGRAMS

### CHILD ABUSE, ELDER AND DEPENDENT ADULT ABUSE REPORTING LAW RESPONSIBILITY

As an individual volunteer or volunteer group member of this Department you are required by law, to report any known or suspected incidents of child abuse, elder or dependent adult abuse.

"Section 11166 of the Penal Code requires any child care custodian, medical practitioner, non-medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been a victim of a child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident."

"Section 15630 of the Welfare and Institutions Code requires any care custodian, health practitioner, or employee of an adult protective service agency or a local law enforcement agency who has knowledge of, or observes an elder or dependent adult in his or her professional capacity or within the scope of his or her employment, who he or she known has been the victim of physical abuse, or who has injuries under circumstances which are consistent with abuse, where the elder or dependent adult's statements indicate, or in the case of a person with development disabilities, where his or her statements or other corroborating evidence indicates that abuse has occurred to report the known or suspected instance of physical abuse to an adult protective services agency or a local law enforcement agency immediately, or as soon as practically possible, by telephone and to prepare and send a written report thereof within 2 work days of receiving information concerning the incident."

You and/or your group member's report of abuse must be made immediately. Incidents of known or suspected child abuse must be made to the child abuse hotline at **(800) 540-4000**. Incidents of known or suspected elder or dependent adult abuse occurring in long term care (LTC) facilities must be reported to the county LTC ombudsman at **(800) 334-wise**. Instances or suspicions of elder abuse occurring anywhere else must be reported to the elder abuse hotline at **(800) 992-1660**.

*I AND/OR MY GROUP MEMBERS PROVIDING VOLUNTEER SERVICES HAVE READ AND UNDERSTAND THIS STATEMENT AND WILL COMPLY WITH ITS PROVISIONS. I HAVE RECEIVED A COPY OF THIS SIGNED STATEMENT.*

---

PRINT Name of Individual/Group

---

Contact Person for group

---

Volunteer Signature

---

Date

**COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC SOCIAL SERVICES**

***LIABILITY AND INSURANCE EXPLANATION***

If you are duly enrolled as an individual or as a group member in a volunteer program sponsored by a department of Los Angeles County, the following information will answer your concerns about insurance and your liability for your actions while performing assigned tasks within the course and scope of your volunteer assignment.

***WHAT HAPPENS IF I AM INJURED IN THE COURSE OF A VOLUNTEER ASSIGNMENT?***

Report injuries immediately to your Office Liaison or supervisor. Use your own group insurance plan first. Any uncovered expense may then be reimbursed through the County Volunteer Worker's Accidents sustained in the course and scope of your volunteer assignment. The coverage provides up to \$5,000.00 for injuries and \$5,000.00 as an accidental death benefit. Medical expense benefits are on a reimbursement basis, so you may go to any hospital or medical facility. Even if you use your own personal insurance to cover expenses involved, all injuries must be reported to your Office Liaison or supervisor within 24 hours, or on the next workday.

***WHAT HAPPENS IF A CLIENT I AM SERVING OR SOMEONE ELSE IS INJURED AS A RESULT OF MY ACTIVITIES WHILE I AM ACTING AS A VOLUNTEER?***

The County allows the same liability protection for volunteers as for employees.

County code section 5.32.010 provides liability protection from suits by third parties for volunteering while they are performing assigned tasks, unless the volunteer acts with malice or gross negligence or outside the course and scope of the volunteer assignment. Therefore, it is very important that you have a clear understanding of your assignment and of the limits of your authority. All questions regarding procedures you may need to follow will be answered by your Office Liaison or supervisor during regular working hours.

In case of emergency or accident involving a client of a County agency:

- Assist client to nearest medical facility
- Notify the responsible family member(s)
- Notify your Office Liaison or supervisor:
  - ⇒ Immediately if incident happens during working hours
  - ⇒ On the next workday if incident takes place after working hours or on a weekend
- Should the situation require emergency medical care, contact the local Fire Department to request Paramedical service. If necessary, the client will be transported to the nearest emergency facility. Ambulance charges can be covered by Medi-Cal. You may also wish to make a police report.

***IF I DRIVE MY CAR AS A PART OF MY VOLUNTEER ASSIGNMENT, DO I NEED CAR INSURANCE?***

You must observe all California State laws regarding auto insurance and maintaining a valid driver's license. The Volunteer Services program office will need verification of your driver's license and automobile insurance before assigning a driving task.

***SPECIAL REQUIREMENTS FOR MINOR VOLUNTEERS***

All volunteers under age of 18 must have on file a Parental Consent Form signed by a parent or legal guardian authorizing a minor to work as a volunteer, and, if necessary, to receive emergency treatment.

When a minor volunteer is involved in an activity without the presence of parent(s) or guardian, a FIELD TRIP AUTHORIZATION completed by a parent/guardian is required.

**Report injuries/incident to the Office Liaison/Supervisor within 24 hours or on the next workday**



PHILIP L. BROWNING  
Director

SHERYL L. SPILLER  
Chief Deputy

# County of Los Angeles DEPARTMENT OF PUBLIC SOCIAL SERVICES

12860 CROSSROADS PARKWAY SOUTH • CITY OF INDUSTRY, CALIFORNIA 91746  
Tel (562) 908-8400 • Fax (562) 908-0459



Board of Supervisors  
GLORIA MOLINA  
First District

YVONNE B. BURKE  
Second District

ZEV YAROSLAVSKY  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

## PHOTO CONSENT AND RELEASE

Occasionally we photograph participants from our programs and or special events in action for use in volunteer newsletters, video productions, publications, bulletin boards, and/or for other public information or training purposes.

We would appreciate obtaining your Consent and Release by signing below which authorizes the County/Department of Public Social Services to use your image and/or voice.

**Minors:** If you are under age 18, we will also need to have your parent's or guardian's consent and signature.

---

---

**RELEASE:** I consent to the non-profit use of my image and/or voice and that of my family as indicated below for training or public information purposes. I release Los Angeles County or its officers from liability for this purpose.

**NAMES** *(please print)*

---

**SIGNATURE**

**Date**

**WITNESS**

**SIGNATURE**

**Date**

**Participants: List the names of all members in the photo(s)** *(Use back of page if additional space is needed)*

1)

2)

3)

4)

5)

6)

7)

8)

9)

**If a minor: PARENT/GUARDIAN NAME** *(please print)*

**Date:**

**PARENT/GUARDIAN SIGNATURE**

TEMP VP 29 (07-2005)



## Volunteer and Special Programs

### Parental Consent for Participation of Minor in a Volunteer Program

My son/daughter \_\_\_\_\_ has my permission to participate as a volunteer with the Department of Public Social Services (DPSS).

<i>I consent to my child performing the following volunteer duties:</i>		
<i>Parent/Guardian's Name:</i>	Please PRINT	
<i>Parent/Guardian's signature:</i>		Date: / /
<i>Witness signature:</i>		Date: / /
<i>This consent is valid:</i>	From: / /	To: / /

Have any questions and concerns? Contact DPSS Volunteer and Special Programs at:  
 2615 S. Grand Ave., 2<sup>nd</sup> Floor  
 Los Angeles, Ca 90007-2608  
 Tel: (213) 744-4348 Fax: (213) 743-9998

If this child needs medical care while participating in this program, I hereby authorize:

1. DPSS to obtain such treatment; and
2. the physician selected by DPSS to render necessary and appropriate treatment.

I understand that I shall be responsible for any cost incurred for this treatment.

Family Doctor's name: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

***Person to contact in case of an emergency, if parent/guardian is not reachable:***

Emergency contact: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_

Address: \_\_\_\_\_



# Volunteer Acknowledgement of Confidentiality Agreement and Conflict of Interest Policy

## CONFIDENTIALITY AGREEMENT

**Please read the following agreement and initial the commitments outlined below:**

The records and information of all applicants/recipients (clients) of public assistance or services are confidential. Pursuant to California Welfare and Institutions Code section 10850, you are prohibited from obtaining, releasing, or using confidential client information from case records or computer records for any purpose not specifically related to the administration of public assistance or services authorized by state public assistance regulations or your Office Volunteer Liaison. If you violate confidentiality while volunteering for Los Angeles County, the County of Los Angeles may seek legal action against you and you may be subject to civil and/or criminal penalties. If you are in doubt, discuss the matter with your Office Volunteer Liaison before acting.

As a volunteer of the Department of Public Social Services (DPSS), you might be involved with work pertaining to County services and might have access to confidential data pertaining to persons and/or other entities that receive services from the County of Los Angeles. The County of Los Angeles has a legal obligation to protect all confidential data, especially data concerning welfare recipient records. If you are to be involved in County work, the County must ensure that you will protect the confidentiality of all data. Consequently, you must sign this confidentiality agreement as a condition of your volunteer assignment with the Department of Public Social Services.

I hereby agree that I will not divulge to any unauthorized individual personal data obtained while performing work pursuant to this agreement between the Department of Public Social Services and myself.

\_\_\_\_\_  
Initials

I agree to forward all request for confidential information to my immediate County Supervisor. Although I might have access to this information, I agree that I cannot release such information as it is in violation of this confidentially agreement.

\_\_\_\_\_  
Initials

In the event that I become aware of any violation of this confidentiality agreement by any other person or myself, whether intentional or unintentional, I agree to report such violation immediately to my County Supervisor.

\_\_\_\_\_  
Initials

I agree to forward all requests for the release of information received by me to my County Supervisor.

\_\_\_\_\_  
Initials

I agree to report any and all violations of the above by any other person and/or by myself to my County Supervisor.

\_\_\_\_\_  
Initials

I agree that I must return all confidential materials to the Office Volunteer Liaison upon termination of my volunteer assignment with the Department of Public Social Services.

\_\_\_\_\_  
Initials

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and penalties and that the County of Los Angeles will seek all possible legal redress.

\_\_\_\_\_  
Initials

I understand that I might gain access to my own, relatives', friends' or acquaintances' case records. I acknowledge that I cannot access these records at any time and, if I gain such access or become involved in working on any of these records, I will notify my County Supervisor immediately.

\_\_\_\_\_  
Initials

**CONFLICT OF INTEREST POLICY**

**I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO REPORT MY VOLUNTEER ASSIGNMENT TO MY ELIGIBILITY WORKER, GAIN AND/OR SOCIAL WORKER, SHOULD I APPLY FOR, CURRENTLY RECEIVE OR BECOME A RECIPIENT OF ANY FORM OF PUBLIC ASSISTANCE ADMINISTERED BY THIS DEPARTMENT AS THIS MAY BECOME A SITUATION WHERE THERE MAY BE CONFLICT OF INTEREST.**

**ASSISTANCE OR SERVICE PROGRAMS ADMINISTERED BY THE DEPARTMENT OF PUBLIC SOCIAL SERVICES INCLUDE:**

Adult Protective Services (APS)  
CalWork's  
General Relief (GR)  
Medi-Cal  
Food Stamps

In-Home Supportive Services (IHSS)  
Refugee Resettlement Program (RRP)  
Refugee Cash Assistance (RCA)  
Special Circumstances (SC)

**During the time that I am volunteering on the behalf of the Department of Public Social Services, I agree to report to the Office Volunteer Liaison immediately that I have [within the last (30) days] applied for or am receiving public assistance. I understand that I might gain access to my own, relatives', friends' or acquaintances' public assistance records. I understand that I cannot access any of these records, and if I gain such access or become involved in working on any of these records, I will notify my County Supervisor immediately.**

I understand that I am to report any of the following relationships and that the County will screen volunteers to ensure that reporting responsibilities are being met and that I shall have no access to my public assistance records or the records of any **friends, relatives, business relations, personal acquaintances, tenants, or any individuals whose relationship could reasonably sway my conduct or performance during my volunteer assignment.** Access includes, but is not limited to determining eligibility for public assistance, transmitting computer data, and physical possession of financial documents.

**HOWEVER, IT IS MY RESPONSIBILITY TO BE AWARE OF POSSIBLE CONFLICTS OF INTEREST AND TO IMMEDIATELY NOTIFY THE OFFICE VOLUNTEER LIAISON IN WRITING SO THAT IT CAN BE DETERMINED BY THE COUNTY OF LOS ANGELES WHETHER OR NOT SUCH A CONFLICT EXISTS. PLEASE NOTE: YOUR REPORT WILL BE HELD IN STRICT CONFIDENCE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Assigned Office & Position \_\_\_\_\_